

STATE OF HAWAII
Department of Accounting and General Services
Division of Public Works

MONTHLY ESTIMATE

FOR THE MONTH OF February

Date: March 11, 2009

CONTRACTOR: Hawaiian Building Maintenance

ADDRESS: 1003 Bishop St Suite 20202

Contract No. 56992 ☒

City, State ZIP: Honolulu, HI 96813

DAGS Job No. 12-20-2594

PROJECT TITLE: Leeward Community Health Center Air Conditioning System Improvements

CONTRACT

Basic Contract Amount \$ 405,000.00

CHANGE ORDERS

Total \$ 16,377.00

Adjusted Contract Amount \$ 421,377.00

FOR INSPECTION BRANCH USE

☒ SUBMITTAL REGISTER

☒ COMMENCEMENT REQUIREMENTS

DUE MONTHLY:

☒ PROJECT SCHEDULE - INITIAL & ONGOING

☒ DAILY REPORTS

☒ PAYROLL AFFIDAVITS

MONTHLY ESTIMATE CHECKLIST

☒ CONTRACT NUMBER

☒ PROJECT NAME & LOCATION

☒ ALL SIGNATURES

WORK ACCOMPLISHED

		Basic Contract	Change Order	Total
Completed to Date	41.98%	\$ <u>170,000.00</u>	100.00% \$ <u>16,377.00</u>	\$ <u>186,377.00</u>
Retained		\$ <u>14,500.00</u>	\$ <u>2,427.00</u>	\$ <u>16,927.00</u>
Amount Subject to Payment		\$ <u>155,500.00</u>	\$ <u>13,950.00</u>	\$ <u>169,450.00</u>
Payments to Date		\$ <u>88,357.61</u>	\$ <u>-</u>	\$ <u>88,357.61</u>
Payments Now Due		\$ <u>67,142.39</u>	\$ <u>13,950.00</u>	\$ <u>81,092.39</u>

Payment No. 2

Remarks:

1. Computed and Checked by:

[Signature] 4/2/2009
3. Recommended: Project Inspector or Engineer Date:

[Signature] 4/3/09
4. Recommended: Area Engineer/Architect Date:

[Signature] 4/9/09
5. Approved: Branch Chief or District Engineer Date:

[Signature] APR - 9 2009
State Public Works Administrator Date:

2. I certify that the above bill is correct, just, that payment has not been received, and all payroll affidavits have been submitted, are current, or proper deductive exclusions have been made to this request.

Hawaiian Building Maintenance

Name of Contractor

[Signature] 3/11/09
By signature / Title: Date:

BASIC CONTRACT - PRIME & SUB CONTRACTOR RETAINAGE CALCULATION

STATE OF HAWAII

**Department of Accounting and General Services
Division of Public Works**

For the Month of: February

CONTRACTOR:	Hawaiian Building Maintenance	Contract No.: 0
PROJECT TITLE:	Leeward Community Health Center Air Conditioning Sys	DAGS Job No.: 12-20-2594

CLOSED			<u>LICENSE</u>	<u>BASIC CONTRACT</u>	<u>COMPL.</u>	<u>%</u>	<u>RETN</u>	<u>CONTRACT</u>
	<u>PRIME CONTRACTOR</u>	<u>TRADE</u>	<u>NO.</u>	<u>AMOUNT</u>	<u>TO DATE</u>	<u>CMPL</u>	<u>%</u>	<u>AMOUNT</u>
								<u>RETAINED</u>
	Hawaiian Building Maintenance	General	BC - 27276		\$170,000	#DIV/0!	5%	\$8,500

<u>SUBCONTRACTOR</u>	<u>TRADE</u>	<u>LICENSE NO.</u>	<u>BASIC SUB-CONTRACT AMOUNT</u>	<u>COMPL. TO DATE</u>	% CMPL	RETN %	<u>SUB-CONTRACT AMOUNT RETAINED</u>
hawaiian crane			\$9,000		0.00%	10%	\$0
ted's wiring service	Electrical	BC - 3905	\$60,000	\$25,000	41.67%	10%	\$2,500
unitek Insulation	Asbestos	C - 11851	\$10,000	\$10,000	100.00%	10%	\$1,000
unitek Technical Services	Insulation	C - 15299	\$60,000	\$25,000	41.67%	10%	\$2,500
BJ Brothers painting	Painting	C - 16383	\$11,000		0.00%	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
Total Retained from Subs							\$6,000

BASIC CONTRACT - RETAINED FROM PRIME AND SUBS (A+B)	\$14,500
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I certify that the above retentions are correct for this request.

Hawaiian Building Maintenance

Name of Contractor

By Signature

Date _____

Checked/Verified by:

Initial - Project Inspector or Engineer

NOTE:

Columnar totals shall be equal in dollar value to that on the Monthly Estimate Sheet

STATE OF HAWAII
DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES
DIVISION OF PUBLIC WORKS
Monthly Payment Slip

PAYMENT NO.: 2

PROJECT TITLE: LEEWARD HEALTH CENTER - AIR CONDITIONING SYSTEM
IMPROVEMENTS

BILLING MONTH: February-09

DAGS JOB NO.: 1 2-20-2594

CONTRACT NO.: 56992

CONTRACTOR: HBM ACQUISITIONS, LLC

VENDOR CODE: 29892700

Original Contract Payment		Suffix: 1		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
01	B06-418M	\$76,992.39	\$9,850.00	\$67,142.39
Totals:		\$76,992.39	\$9,850.00	\$67,142.39

Change Order Payment		Suffix: 2		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
02	B06-418M	\$16,377.00	\$2,427.00	\$13,950.00
Totals:		\$16,377.00	\$2,427.00	\$13,950.00
Grand Total:		\$93,369.39	\$12,277.00	\$81,092.39

Lloyd Ozata 4/13/2009
Verified By DATE

(This Section for Administrative Services Office Use Only)

Vendor Code 29892700

Cost Code 3A1

Voucher No. 4148 APR 16 2009

Verified By 82